| | Application or Docket Number | |
|--|--|-----|
| PATENT APPLICATION FEE DETERMINATION REC Effective January 1, 2003 | ०/७॥ ४९७ | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY | |
| TOTAL CLAIMS 10 | RATE FEE RATE FEE | |
| FOR NUMBER FILED NUMBER EXTRA | BABIC FEE 375.00 OR BASIC FEE 750.00 | |
| TOTAL CHARGEABLE CLAIMS 10 minus 20= " | X\$ 9= OR X\$18= | |
| INDEPENDENT CLAMS 2) minus 3= | X42= QB X84= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | +140± OR +280= | |
| CLAIMS AS AMENDED - PART II | TOTAL 375 OR TOTAL OTHER THAN | |
| 1-24-05 10 (Column 1) (Column 2) (Column | CHAIL CUTTO OF CHAIL CATTON | |
| CLAMS REMAINING AFTER AFTER AMENOMENT Total Total Independent Menus HIGHEST NAMERER PREVIOUSLY PAID FOR EXTRA PAID FOR Total Menus M | RATE TIONAL RATE TIONAL FEE | |
| Total - 3 Minus - 30 - / | X\$ 9= / OR X\$18= | |
| Independent a Minus oo 3 x | X42= / OR X84= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | |
| 7/28/1 | TOTAL OR +280= TOTAL OR ADDIT. FEE OR ADDIT. FEE | |
| (Column 1) (Column 2) (Column Column | | |
| REMAINING AFTER PREVIOUSLY PAID FOR EXTRA Total s (Minus so 2 0 = Independent Minus so 3 = | RATE TIONAL RATE TIONAL FEE | |
| Total . (a Minus 20 | | bas |
| independent / Minus ** 3 * | X42= OR X84= | RCI |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | +140= OR +280= | |
| 3-15-06 | ADDIT, FEE OR ADDIT, FEE | |
| (Column 1) (Column 2) (Column 3) | 3)_ | |
| CLAMS HIGHEST PREMAINING NUMBER PRESENT AFTER PREVOUSLY AMENDMENT PAID FOR | RATE TIONAL RATE TIONAL FEE | |
| Total • H Mirus • 20 • 0 | X\$ 9= () OR X\$18= | |
| AFTER PREVIOUSLY PAID FOR AMENDMENT PAID FOR Total | X42= () OR X84= | |
| The state of the s | +140= OR +280= | |
| " If the entry in column 1 is less than the entry in column 2, write "U" in column 3. "If the "Fighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "I" the "Righest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3. | ADOIL FEE | |
| The "Highest Number Proviously Paid For" (Total or Independent) is the highest num | riber found in the appropriate box in column 1. | |
| FORM PTO-678 (Rev. 1202) | Patent and Tradement Office, U.S. DEPARTMENT OF COMMERCE | |